System Transformation Initiative/Winter Community Forum

HOUSING TABLE NOTES

January 16, 2007

1.a. What are the two most important steps that the State MHD could take to assure more appropriate affordable housing for people with serious and persistent mental illness?

- Funding for the development of MH communities supervised housing beside independent living apartments
- Opportunity for advancement from roommate to apartment to duplex/house and employment in the community.
- Help families find permanent housing that could be rent-to-own.
- State resources for acceptable hosing
- Rural counties—need to develop a strategic plan w/ MHD and CTED (Growth Management) and local government of UGA's working together
- Endorse and expand "housing first" models
- Identify funding streams for development of affordable housing for persons at 30% -- 50% AMI.
- Have a dedicated staff person working with CTED, public housing authorities, providers and non-profits on a continuum of care/services that include housing
- Transitional housing is important in getting consumers appropriate long-term housing—peer-counselor staff to advise clients about what housing options are likely to work for them.
- Portability of housing vouchers
- More transitional hosing/more funding to peer counseling re: housing
- Facilitate credit checks
- Oversight of landlords in federal/state subsidized housing.
- Contracts require RSNs to provide housing
- State statutes (not MHD) should require developers to provide some affordable housing.
- Provide adequate funding.
- Transitional housing—
- Halfway houses
- Address the issue of HUD requirement for co-signing.
- Coordinate contractual issues across multiple systems.
- Policy requirements: no discharge without housing.
- Cost-offset look at housing.
- Explore "Oxford House" model.
- Funding—enhanced subsidy for landlords
- Better outpatient services to help clients keep housing
- Assist landlords to maintain hosing
- Incorporate OT into outpatient treatment
- Assist in increasing social supports
- Adapt services to the client.
- Improve lag between hospital discharge for getting benefits
- Mobile care.

- You can be moving toward recovery or in recovery without serious and persistent mental illness.
- The word “fidelity” is confusing for some in human services
- Identify funding/money (need money for vouchers so consumer could use as consumer wants/needs.
- Technical assistance
- Grants to local non-profits
- Developing and supporting an array of residential providers
- A statewide standard for evaluating housing services.
- Statewide PR campaign to support housing initiative.
- A housing coordinator in the MHD to troubleshoot funding, grants, etc.
- Participate in financial support for consumer-run housing programs.
- MHD should be a clearinghouse to organize the various places for housing assistance, eliminate or reduce the number of sources for the local community to deal with one-stop shopping.
- Establish standards for quality housing
- Look across the country to identify best models
- Get more dollars for MH housing
- Advocate for funding.
- Increase the amount of money goes to housing clients
- Have more personal money to increase subsidy.
- Don’t forget temporary and transitional housing.
- MHD change the requirements for felons and their restrictions.
- Large apartment setting with supportive services such as companions to assist when coming out of institutions.
- Dollars specifically designated for MI should be appropriated
- MHD should have statewide housing dollars to cross RSNs.
- One-size does not fit all, depends on individual circumstances and area- rural/urban.
- Surplus properties for affordable housing.
- Providers in some areas are buying properties/housing for MH, should state be more involved in keeping these viable?
- There is a big problem with families—housing needs are different than for individuals.
- Rent while in the hospital, state dollars used to support, also
- Pay attention to families at risk for losing housing due to child with SED
- Research rental properties to ensure good fit with consumers of MH services.
- Life-skills training requirement in contracts.
- Report % of reductions, set a target.
- Monitor tenant/landlord laws.
- Reduction in jail days shouldn’t be in equation.
- Help agencies train employees on how to bypass “ancient felonies” This can be found through vacation of convictions on renter’s programs.
- NIMBY issues
- Community resistance
- Help link agencies with volunteer lawyer programs

1.b. What are the two most important steps that an RSN could take to assure more appropriate affordable housing for people with serious and persistent mental illness?

- Appropriate/affordable shouldn't mean old shabby poor landlord/tenant relations: through housing authority,. Provide satisfaction survey results w/ landlords owners to encourage renting to MH consumers.
- Collaborative agreements with the private landlords
- Help support funding to landlords, keep them in a win-win situation
- RSN to bring Pathways (entry level MH service providers) in every county. If we don't have the entry level contact w/ MH people who need housing, how doe we even get started?
- Support funding solicitations for capital development
- Work with local landlords, other funders for housing in partnership to integrate housing and services.
- More transitional housing
- More peer counselor staff to teach life skills to consumers
- County funding for hosing
- Local tax incentives
- Therapy animals
- More transitional housing
- Advocates for consumers in dispute
- Oversight of housing caregivers/landlords
- Decrease housing that leads to consumer dependence
- Don't develop ghettos.
- Persons with criminal histories or substance abuse histories are excluded from Section 8 Housing.
- Ensure a wide-range of living situations
- For group living setting: provide financial incentives for moving folks into more independent living.
- Held accountable for housing decisions
- RSN ask the housing questions and link it to treatment planning.
- Housing and recovery go together.
- RSN examine current housing capacity—assess need and make demand for housing clear in report back to state.
- Act as a proactive repository of information
- Serve as an information clearinghouse.
- County needs to look at their resources and consider what is available and consider moving funds from one area to another or consider tax options to increase services.
- All RSNs come together, meet and coordinate resources, look at what works in some areas and what does work and then strategic plan together on ways to increase housing statewide. Avoid territorial fighting
- Accurate assessment of housing needs
- Soliciting and supporting strong client participation in housing support development
- Portability of housing resources tied to individuals—use of vouchers for instance.
- Collaborate with other RSNs to allow for consumer choice
- Use state only funding to use a incentives for providers to increase housing.
- Coordinate with HUD to provide more housing.

- Provide assistance/support to MH providers who are not prepared to be housing managers.
- Designate case managers work on property, eliminate each resident going out to many case managers, put case managers in large housing entities.
- Replicate the physical disability models—homes
- Consumers, poor credit, felonies are major barrier to housing
- Advance directives might be able to address times when a person needs skills/supports to stay in housing.
- Employment, goals by individuals to stay educated about what housing is needed/available.
- Inappropriate housing is unsafe, drug infested.
- Supportive housing can be provided in rural areas but rural areas don't have transportation.
- Incentives for successful long-term housing programs.
- Housing programs for non-Medicaid low-income consumers
- Appropriate housing for MI offenders w/ families.
- As well as those w/ lengthy criminal histories.
- Family friendly resources.
- Recovery-oriented and focused placement.
- Educate tenants (renter's program)
- Educate landlords (rec. symptoms)

1.c. What are the two most important steps that the <u>mental health providers</u> could take to assure more appropriate affordable housing for people with serious and persistent mental illness?

- Survey consumers tenants for satisfaction notes
- Research landlord/owners "before" allowing consumer placement in inappropriate housing conditions, situations, conflict areas.
- Pair case managers w/ specific transitional housing units
- Ask clients what kind of housing s/he wants and will live in.
- Help consumers and family, provide support to one another
- Housing for kids must look at schools, services, etc
- Collaborate with RSNs and MHD to obtain funding streams to create housing and supportive services.
- Transitional housing
- Peer counselor staff can advise consumers about what options are likely to work for them.
- MH professionals/on-site in hosing
- Don't mix populations DASA/MH/DD/DOC that can lead to victimization of vulnerable individuals.
- Put vulnerable individuals in protected living situations.
- Provide social life skills as well as other services.
- Treatment planning includes housing coordinated with local housing systems.
- MH centers should not be in the housing piece
- Provide adequate treatment, education, etc
- Linkage with housing resources.

- Realistic education to housing people.
- Explain instances of when client left a burner on but is misconstrued as a “fire-starter”
- Stay connected with clients even when the client gets admitted to hospital or put in jail or end up in different county.
- Stay connected with realtors, housing talks to maintain current housing access.
- Partner with other agencies to develop and maintain housing options.
- Establish a value of client ownership
- MH providers to not be owner at facilities
- MH agencies to be brokers rather than owners—separation of housing and services.
- Assign their case managers to properties.
- Co-locate services with housing
- Rewards program—successful long-term rental
- Family friendly
- Implement renter’s programs
- Life-skills, training programs
- Social adjustment training
- Develop housing resources based on consumer-risk and need.

1.d. What are the two most important steps that <u>consumers</u> could take to assure more appropriate affordable housing for people with serious and persistent mental illness?

- Maintain personal stabilization and healthy activities
- Assure needs to appropriate care providers
- Hold systems accountable
- Consumers need to understand their responsibility (in recovery) to seek assistance in housing.
- Appropriate behavior
- Policing each other
- Cooperate w/ providers.
- Involve county extension.
- Start small, be realistic in expectations.
- Peer-supports
- Remain stable, maintain positive role in our own recovery, stay on meds, follow treatment plan/program and follow the rules of their current housing agency.
- Increase clubhouse and patient/client participation to increase voice and ask for what is needed (transitional housing, housing for people with mental illness that are not being met by other services).
- Develop consumer co-op/collaborative to participate in disbursement of housing resources.
- Participate in legislative hearings, political activities, etc.
- Learning money management
- Learning life-skills
- Agree to payees
- Taking meds

- Follow relapse-plan
- Peer-to-peer training
- Let landlord have access to case manager.
- Landlord part of community-based treatment team/contact name for emergencies.

2.a. What types of housing are appropriate for people with serious and persistent mental illnesses?

- Permanent supportive housing
- Single room occupancy apartments that care
- Be afforded by persons at 30%-50% AMI
- No one model—some supportive housing works for individuals
- Other models if children and families involved.
- Transitional for youth.
- Halfway housing with support services.
- "Hub" housing (linking supports and links families/kids).
- Individual living quarters in decent part of town
- Safe
- Running water, etc
- Housing like everyone else.
- Close to bus line.
- Permanent, supported housing
- Single apartment is god for some both others need group home so need multiple options available.
- Chemical dependency support needed in housing options
- Dual diagnosis housing.
- Very individualized depending on preferences and support needs of individuals.
- Independent housing
- Specific housing for co-occurring, sex offenders, DD, etc.
- Oxford house

2.b. What types of housing are less appropriate for people with serious and persistent mental illness?

- Shelters w/ indefinite access
- Jails and prisons
- PALS (need to be in the community).
- SRO's "ghettoize" clients in clustered and dangerous housing.
- Group homes.
- Jail
- State hospital beds
- Shelters and missions
- Housing with mixed populations where agency trying to take any and all people to fill the beds.
- Large CCFs

- Bad neighborhoods
- Off transportation lines
- Far away from clinical services.
- Breaking down silos between systems.
- Do not have easy access to crisis services.